AGENCY N	AME TAKING REPO	ORT						NO INJUR	RED		NO K	(ILLED	AGENCY REPO	RT NUM	BER			
NOIL	BODY of WATER	ACCIDE	NT OCCURRED ON						MONTH	_	DAY	Y YEAI	R TIME (2400)					
LOCATION	COUNTY ACCIDENT OCCURRED IN NEAREST LANDMARK (NAVIGATION AID) FEET / MILES							OF				INVESTIGATED			BY PHONE ()			
PARTY #1						STREET / MAILING ADDRESS												
OPERATOR	DOB / AGE				SEX	FEMALE		CITY					STATE	Z	IP	PHONE	()	
	VESSEL YEAR	E/MODEL/LENGTH			VESSEL NUMBE	:R (CF OR DOC)			SSEL N	NAME				. U WOF				
SWIMMER	HULL IDENTIFIC	ATION N	UMBER		□ NONE		HORSEPOWER	RENTE	D ES NO	OW	OWNERS NAME				SAME	DHONE	ER	
MOORED VESSEL	DIRECTION OF T	RAVEL			# PERSONS ON BO	OARD	VESSEL DAMAG	iE R 🔲 I	MODERATE	OW	VNERS :	STREET / MAILI	NG ADDRESS		SAME			
OTHER	ESTIMATED SPE	ED	DISPOSITION OF VI	ESSEL			ESTIMATED DAI		TOTAL ☐ NONE	CIT	тү			STATE			ZIP	
PARTY #2	NAME (FIRST, MI	DDLE, L	AST)					STREE	T / MAILING A	DDRES	SS							
	DOB / AGE				SEX		CITY					STATE	STATE ZIP		PHONE	()		
OPERATOR	VESSEL YEAR	MAKE	/MODEL/LENGTH				VESSEL NUMBE	R (CF OR DOC)			SSEL N	NAME		ACTIVITY RECREATIONAL COMMERCIAL		WOF		
SWIMMER	HULL IDENTIFIC	IULL IDENTIFICATION NUMBER					HORSEPOWER	RENTED YE	OW	VNERS I	NAME			SAME		()		
MOORED VESSEL	DIRECTION OF T	RAVEL			# PERSONS ON BO	VESSEL DAMAG	OR 🗌	☐ MODERATE		OWNERS STREET / MAILING ADDRESS			SAME					
OTHER	ESTIMATED SPE	ED	DISPOSITION OF V	ESSEL			ESTIMATED DAI		NONE	CIT	ГҮ				STATE	i	ZIP	
OTHER ROPERTY	DESCRIPTION O	F DAMA	GE											E	STIMATED DAM	AGE \$\$	N	ONE
OTH PROPE	OWNERS NAME			ADDRESS		STATE			ZIP		PHONE ()				FIED YES	NO		
			VICTIM / WITNI NAME, ADDRESS 8			VI	CTIM / WITNESS STATUS		RIDING IN VESSEL#	DOE AGE		IN	JURY DESCRIPTION		LIFE JAC WORI		COULI VICTIM SV	
INESS					☐ INJURED☐ DECEASED☐ DISAPPEARE☐ PASSENGER☐ WITNESS ON			n							☐ YES☐ NO☐ UNKN		☐ YES	
ED /WIT								ONLY				TAKEN TO HOSPITAL YES		□ NO			□ UNKN	OWN
ECEAS						NJURED DECEASED DISAPPEARE	n									☐ YES		
INJURED / DECEASED / WITN						PASSENGER VITNESS ON	ONLY				TAKEN TO HOSPITAL YES		□ NO	□ NO □ UNK		UNKN	OWN	
DUNI							NJURED DECEASED DISAPPEARE	D							☐ YES		☐ YES	
						□ F	PASSENGER VITNESS ON	ONLY				TAKEN TO H	OSPITAL YES	□ NO	UNKI	NOWN	□ UNKN	OWN
SKETCH	INCLUDE VESS	EL, WIN	ID, CURRENT DIRE	ECTION)							MISC	CELLANEOUS						
									INDICA TRUE NO		L,	I						
											REI	GIVEN TO OP	TE FORM BAR-1 ERATOR (S)	□ OF	PERATOR 1	□ OF	PERATOR 2	2
											, CE	COAST GUAR						
											П	CALIFORNIA 2000 EVERGE	BOATING AND WATERV	VAYS 10 SACE	RAMENTO, CA 9	5815-3888		
												CORONER						
											П	OTHER						

OF

WEATHER			WATER CONDITIONS				WAVE SIZE				WIND				LIGHTING				VISIBILITY				
☐ CLEAR ☐ CAL			☐ CALM	CALM			<u> </u>	ESS THAN 6"	-	□ NONE				☐ DAYLIGHT] GC	OOD				
☐ CLOUDY ☐ CHOPPY						[□ 6	"-2'						☐ DARK		TEMPERATURE							
☐ FOG ☐ ROUGH						[□ 2	!'-6'		☐ MODERATE (7-14 mph)				☐ DUSK OR DAWN ☐ ARTIFICIAL LIGHT			TEMPERATURE						
□ SNOW □ VERY ROUGH						□ >6'				☐ STRONG (15-25 mph) ☐ STORM (25 mph & over)					ER (specify)		w	ATER	AIR				
TYPE OF ACCIDENT							CAUSE OF ACCIDENT				, , , , , , , , , , , , , , , , , , ,			ERATION AT TIME OF ACCIDENT			SOBRIETY / DRUG						
		OI AGGIDE			_	#1 #2							#2	_	IL OF ACCIDENT		#1	#2	- I I I I I I I I I I I I I I I I I I I				
	CAPSIZING							IMPROPER	LOC	OCKOUT / INATTENTION				CRUISING					HAD NOT BEEN DRINKING				
	C	OLLISION W	/ITH VESSEL					OPERATOR	INE	NEXPERIENCE				CHANGING	G DIRECTION				HBD NOT UNDER INFLUENCE HBD UNDER INFLUENCE				
	C	OLLISION W	ITH FIXED OBJEC	т				EXCESSIVE	SP	SPEED				CHANGING	G SPEED				HBD IMPAIRMENT UNKNOWN				
	C	OLLISION W	/ITH FLOATING OB	JECT	г			MACHINER	Y FA	FAILURE				TOWING S	KIER / TUBER				UNDER DRUG INFLUENCE OTHER PHYSICAL IMPAIRMENT				
	FA	LL OVERB	OARD					EQUIPMEN	T FA	FAILURE				TOWING S	KIER- SKIER DOV	VN			IMPAIRMENT UNKNOWN				
	FA	ALL IN BOA	г					OFF-THRO	TTLE	E STEERING INABILITY				TOWING A	NOTHER VESSEL				NO OPERATOR				
	FI	RE / EXPLO	SION (fuel)					IMPROPER	LOA	ADING				BEING TO	WED BY ANOTHE		OPERATOR EDUCATION AMERICAN RED CROSS						
	FI	RE / EXPLO	SION (other than fo	uel)				OVERLOAD	ING	G				DRIFTING	OR .				AMERICAN RED CROSS USCG AUXILIARY				
	FL	OODING / S	SWAMPING					HAZARDOL	JS W	WEATHER / WATER				AT ANCHO					US POWER SQUADRON				
	SI	NKING						RESTRICTE	D VI	VISION				TIED TO D									
			BOAT / PROPELLER	2				IGNITION C	F SF	SPILLED FUEL/ VAPOR				LAUNCHIN	LAUNCHING				NONE				
		CIER MISHA		`				IMPROPER	ANC	NCHORING				DOCKING	G / LEAVING DOCK		OPERA		ATOR EXPERIENCE				
			···					FAILURE TO	AILURE TO VENT					SAILING									
		THER				□ □ OTHER								OTHER (s	OTHER (specify)				10 TO 100 HOURS OVER 100 HOURS				
V	FSSI	I TYPE		Н	UI I	MA	TER	IAI	Р	PROPULSION				PERSONAL FLOTATION DEVICES				OVER 100 HOURS FIRE EXTINGUISHERS					
	VESSEL TYPE HULI #2 #1 #2					_			#1	#2				VESSEL #1					VESSEL #1				
										OUTBOARD			Was vessel	adequately equipped	□ VEQ	□ No	ا ۱	Was the approved type of fire fighting					
					ALUMINUM				□ □ INBOARD					outra approved 11 50.				equipment on board?					
				L] STEEL [INBOARD / OUTB	OAR	D	Were they a			□ N		Were they used?					
	I HOUSEBOAT												Were they u	sed?	☐ YES	□ N	o	☐ YES ☐ NO					
	SAII BOAT (sail only)				´ _								VESSEL #2	2				VESSEL #2					
	CANOE / KAYAK				<u> </u>								Was vessel with Coast	☐ YES			Was the approved type of fire fighting equipment on board?						
	KAFI												Were they accessible?			□ No	o	☐ YES ☐ NO					
	□ □ ROWBOAT □ □ □ □ OTHER (specify)				OTHER (specify)			"	☐ ☐ OTHER (specify)				Were they used?			□ No	Were they used? ☐ YES ☐ NO						
			poey,																				
AU	CIDEN	T NARRATIVE																					
							_																
							_																
RE	PORT	NUMBER					INVESTIGATED BY (NAME, RANK)								ID NUMBER	REVIEWED BY							